

WKLD CODE/ METHOD Request Form

The following page contains a WKLD CODE/Suffix Request Form that may be reproduced and used for requesting additional WKLD CODE (workload) and Suffixes codes as needed by your site. WKLD CODE is sometimes referred to as VA National Laboratory Test (NLT) codes. WKLD CODE may in some cases have the same prefix number as CPT code but this only coincidental.

Please give the full name of the procedure and list the CPT code(s) that apply. Under normal circumstances, procedures are not listed by specimens. Method suffix and Instrument name/model are the same except you are able to look up instrument suffixes by manufacturer. If a manufacturer changes its name the file is not updated. The form is not necessary if all of the specified information is contained in the request. You may return the form/request as an electronic document to:
Stalling,frank@med.va.gov

Procedure is the test that you are performing on the specimen. In most cases doesn't contain the specimen. However if you require a specimen specific code because of LEDI ordering requirements, please indicate on the request.

CPT code is the number that associates this test/procedure with Current Procedural Terminology file.

Method is the technique used by the procedure to obtain the reportable results. When counting workload, a suffix could be related to the instrument used to perform the procedure.

Abbreviations: List the commonly short version of the test name. List as many as you are aware of to improve code lookup.

Example :	Procedure Name	Arsenic	=
81538.0000			
	Method	Atomic Absorption (direct)	=
.3901			

Lab Section is used to research the test and reporting properties to prevent duplicates from being created.

Lab Section Names are:

Blood Bank (BB) - Chemistry (CH) - Cytology (CY)- Electron Microscopy (EM)- General Lab Service (GLS) - Anatomical Pathology (AP) - Hematology (HE) - Histology (HI)- Immunology (IM)- Specimen Collection (SC) - Urinalysis (UA).

**Additional Workload Codes and Workload Codes Suffixes
Request Form**

Site Name/City: _____ Site Number: _____ Date: _____

Contact Person: _____ Commercial Ph#: _____ Ext. _____

Procedure Name _____ LEDI _____ CPT Code _____
Abbreviations: _____ Lab Section _____

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Method/Suffix: _____ Lab Section _____
Abbreviation: _____

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Abbreviation: _____

Instrument Name/Model: _____
Manufacturer's Name: _____

Instrument Name/Model: _____
Manufacturer's Name: _____

Instrument Name/Model: _____
Manufacturer's Name: _____

Submit Request Forms to:

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Grand Prairie, Texas 75050
Frank.Stalling@med.va.gov